MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07088

7-88

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY Queen Anne's Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
STREET ADDRESS (If rural give location) Rt X-2

3. NAME OF DECEASED: (Type or Print) (First) Oliver (Middle) P (Last) Alford Sr.

4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: January 13 1880

9. AGE last birthday 75 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Executive

10B. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): New Orleans La.

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Oliver Alford

14. MOTHER'S MAIDEN NAME: Mary Downey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 326-07-4965A

17. INFORMANT & ADDRESS: O. P. Alford III Queenstown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0
IMMEDIATE CAUSE (A) Pulmonary congestion
ANTECEDENT CAUSE (S) DUE TO (B) Cerebrosis of liver
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Fracture of femur

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/28, 1955, to 7/26, 1955, that I last saw the deceased alive on 7/25/55, 19..., and that death occurred at 6 45 AM, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Easton DATE SIGNED 28 July 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Buried

DATE THEREOF 7-28-55

NAME OF CEMETERY OR CREMATORY Old Wye Churchyard

LOCATION (City, town, or county) Wye Mills (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-27-55

REGISTRAR'S SIGNATURE N. A. Nevers

24. FUNERAL DIRECTOR Easton Bier ADDRESS Centreville, Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7087 — 17089

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Home of Aged Ladies

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Centreville 17X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lila (Middle) T. (Last) Bailey

4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Sept. 18 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months 10 Days — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse

10B. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Centreville Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William F Bailey

14. MOTHER'S MAIDEN NAME: Henrietta T. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Irene Harden Easton, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

350X
IMMEDIATE CAUSE (A) Aspiration Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Paralysis Agitans — 5 yrs
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..... , to 18 July 19 55, that I last saw the deceased alive on 18 July , 19 55, and that death occurred at 11:35 P.M., from the causes and on the date stated above.

SIGNATURE E. Gordon Wallace M. D. ADDRESS 214 E. Dover St. Easton, Md DATE SIGNED 19 July 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF July 20-55 | NAME OF CEMETERY OR CREMATORY Chesterfield Cemetery | LOCATION (City, town, or county) Centreville, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7/19/55 | REGISTRAR'S SIGNATURE N.H. Nesnick | 24. FUNERAL DIRECTOR John D. Williams | ADDRESS Easton Md

7188

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07090

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton
LENGTH OF STAY (in this place) 14 d 9
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg 05 X - 2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Bullock

4. DATE OF DEATH: (Month) 7 (Day) 25 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: Feb. 22 1888

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Bullock

14. MOTHER'S MAIDEN NAME: Sally Spicer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 221-03-4156 MW

17. INFORMANT'S ADDRESS: Severna Bullock - Federalsburg, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Rupture of Myocardium — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSE (B) DUE TO Myocardial Infarction — 2 weeks

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Coronary Thrombosis — 2 weeks

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/11, 1955, to 7/25, 1955, that I last saw the deceased alive on 7/24, 1955, and that death occurred at 6:30 A.M, from the causes and on the date stated above.

SIGNATURE W. Gordon Walker M. D. ADDRESS 114 E. Dover St DATE SIGNED 7-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF July 28, 1955 | NAME OF CEMETERY OR CREMATORY Fairview Cem. | LOCATION (City, town, or county) (State) Federalsburg, Md.

DATE REC'D BY LOCAL REGISTRAR 7-26-55 | REGISTRAR'S SIGNATURE N. A. Nevins

24. FUNERAL DIRECTOR Harry Wallerson ADDRESS Federalsburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07091

7089

CERTIFICATE OF DEATH

Reg. Dist. No 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, Md.
LENGTH OF STAY (In this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stevensville, Md. R7X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lulu (Middle) (Last) Clendaniel

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Oct 22, 1884

9. AGE last birthday 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr William Gardner

14. MOTHER'S MAIDEN NAME: Virginia Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Helen Palmer - Arnold, Maryland (Daughter)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592X IMMEDIATE CAUSE (A) Uremia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Chronic Glomerulo Nephritis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-28 19 55 to 7-5 19 55, that I last saw the deceased alive on 7-5-55, 19 , and that death occurred at 9:10 A.M, from the causes and on the date stated above.

SIGNATURE W Jordan Weller M. D. ADDRESS 214 E Dover St DATE SIGNED 7-7-55

23. (BURIAL) CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7-7-55 | NAME OF CEMETERY OR CREMATORY Stevensville Md. | LOCATION (City, town, or county) (State) Stevensville Md

DATE REC'D BY LOCAL REGISTRAR 7-6-55 | REGISTRAR'S SIGNATURE N. H. Meeres | 24. FUNERAL DIRECTOR Edgar J Lane ADDRESS Church Hill

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07092

CERTIFICATE OF DEATH

7124 Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Cordova
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Cordova
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) RALPH (Middle) THOMAS (Last) COLLINS
4. DATE OF DEATH: (Month) JULY (Day) 1 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Nov 17, 1908
9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Collins
14. MOTHER'S MAIDEN NAME: Nettie Warner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Ralph Collins, Cordova, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

163X
Immediate cause (a) Metastatic carcinoma of the brain 2 mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Carcinoma of the lung 10 mos

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/29, 19 54 to 7/1, 19 55, that I last saw the deceased alive on 6/29, 19 55, and that death occurred at 11 AM, from the causes and on the date stated above.

SIGNATURE Jesse Leder (Degree or title) M.D. ADDRESS Preston Md DATE SIGNED 7/5/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 3, 1955
NAME OF CEMETERY OR CREMATORY Springhill
LOCATION (City, town, or county) (State) Easton, Md.

DATE REC'D BY LOCAL REGISTRAR 7/2/55
REGISTRAR'S SIGNATURE M. H. Nelms
24. FUNERAL DIRECTOR Dwight Meredith Son, Denton Md.
ADDRESS

07093

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

71 55

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH
COUNTY talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Easton Rt 2
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) F. (Last) Gibson

4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 3-20-32

9. AGE last birthday: 23 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Gibson

14. MOTHER'S MAIDEN NAME: Emma B Lake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. William Gibson, Easton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 011X

(A) DUE TO Tuberculous Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 1 Year

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/24, 1955, to 7/27, 1955, that I last saw the deceased alive on 7/27, 1955, and that death occurred at 6P M, from the causes and on the date stated above.

SIGNATURE F. Irving E. Thomson M. D. ADDRESS 18 W. Dover St Easton Md DATE SIGNED 7/29/55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial

DATE THEREOF 7/30/55

NAME OF CEMETERY OR CREMATORY Richards Cem.

LOCATION (City, town, or county) (State) Easton, Md.

DATE REC'D BY LOCAL REGISTRAR 7-28-55

REGISTRAR'S SIGNATURE N. H. Neavitt

24. FUNERAL DIRECTOR James B. Caskill ADDRESS Easton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07094

7-190

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 23 hrs. 15 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Queen Anne's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rt. 1 - Box 16 - Queenstown
STREET ADDRESS (If rural give location) 17X-2

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Griffin

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 20, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 23 Min. 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Kennard Griffin

14. MOTHER'S MAIDEN NAME: Agnes Mosby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS. Kennard Griffin (father)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7605 IMMEDIATE CAUSE (A) Intracranial Hemorrhage DUE TO — INTERVAL BETWEEN ONSET AND DEATH 24 hr.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Premature DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1955, to July 21 1955, that I last saw the deceased alive on July 21, 1955, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

SIGNATURE Irvin J. Hoyt M. D. ADDRESS Queenstown DATE SIGNED 8/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7-24-55 — NAME OF CEMETERY OR CREMATORY Queenstown — LOCATION (City, town or county) Queenstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7-22-55 — REGISTRAR'S SIGNATURE N. H. Nevins — 24. FUNERAL DIRECTOR James B. Dalwill — ADDRESS Easton, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2075323240

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07095

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH
COUNTY TALBOT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BELLEVUE. LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BELLEVUE.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) NEWNAM (Last) HARDCASTLE

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: AUG. 23 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Joseph N. Newnam

14. MOTHER'S MAIDEN NAME: Mary Liza Parrand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Lockwood Hardcastle Bruington, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.0

IMMEDIATE CAUSE (A) ARTERIO SCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: YEARS

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1- , 1953, to 7-21- , 1955, that I last saw the deceased alive on 7-21- , 1955, and that death occurred at 8 A. M, from the causes and on the date stated above.

SIGNATURE Donald F. Bartley M.D. ADDRESS Easton, Md. DATE SIGNED 7-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF July 23 1955

NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery

LOCATION (City, town, or county) (State) Easton Talbot Md.

DATE REC'D BY LOCAL REGISTRAR July 25, 55

REGISTRAR'S SIGNATURE Mr Robert R. Seed

24. FUNERAL DIRECTOR Maurice F. Newnam

ADDRESS Easton

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07096

7091

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton, 40
LENGTH OF STAY (In this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital 80

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sherwood, Md. X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Etta (Last) Harris

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, ~~WIDOWED~~ DIVORCED. (Specify):

8. DATE OF BIRTH: March 28, 1878

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: HW.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: M. John Harrison

14. MOTHER'S MAIDEN NAME: Amelia Warren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs James S Warren Daughter Sherwood Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Senility Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSE (S) (B) DUE TO Carcinoma of Ascending Colon 3 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11/55 to 7/6, 19 55, that I last saw the deceased alive on 7/6, 19 55, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

SIGNATURE M. K. Palmer M. D. ADDRESS Easton DATE SIGNED 7-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF July 9, 1955 — NAME OF CEMETERY OR CREMATORY Sherwood Cemetery — LOCATION (City, town, or county) (State) Sherwood, Md.

DATE REC'D BY LOCAL REGISTRAR 7-7-55 — REGISTRAR'S SIGNATURE M. A. Meeks

24. FUNERAL DIRECTOR S. Hamilton Harrison — ADDRESS St. Michaels Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7117

07097

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Royal Oak
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS M

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Oak. X
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) EVA (Middle) Octavia (Last) HAYMAN

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: JUNE 22 1890

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic Help.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EUGENE Chase

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. 214-32-2101

17. INFORMANT & ADDRESS: Adaphene Haymon, Royal Oak Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334X

IMMEDIATE CAUSE (A) Cerebral apoplexy

ANTECEDENT CAUSE (B) DUE TO Hypertension

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Jan, 1954 to 23 July 1955 that I last saw the deceased alive on 23 Jan, 1955, and that death occurred at 11.50 PM, from the causes and on the date stated above.

SIGNATURE R. J. Perkins M.D. ADDRESS Royal Oak Md DATE SIGNED 7-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF July 26, 1955

NAME OF CEMETERY OR CREMATORY Royal Oak Cemetery

LOCATION (City, town, or county) (State) Royal Oak Maryland

DATE REC'D BY LOCAL REGISTRAR July 25, 1955

REGISTRAR'S SIGNATURE Mrs Robt R. Seth

24. FUNERAL DIRECTOR S. Hamilton Harrison

ADDRESS St. Michaels Md

7-92

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 07098

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH

COUNTY Talbot — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Wye Landing~~ Easton

LENGTH OF STAY (In this place) ~~Entire~~

HOSPITAL OR INSTITUTION OR STREET ADDRESS Tred Avon River

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Talbot

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN McDaniel

STREET ADDRESS (If rural, give location) R 1

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Alexander M. Holden	7 17 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Col	Single	6/26/38	17 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Student	Student	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Howard Holden	Minnie Munroe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Mrs Minnie Holden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Electrocution DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
		nr Easton	Talbot	Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
7 17 55 5 P.M.		Fell from boat - Tred Avon R.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Louis S Kelly M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 7-18-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7-20-55	Chapel Cemetery	Claiborne	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/20/55	N. H. Norris	James E. Caldwell	Easton, Md.

07099

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 13,14 Fil'd 185 8-17-55 ct

7193

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 1½ hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McDaniel X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) I (Middle) A (Last) Holland

4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: Col'd | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow | 8. DATE OF BIRTH: | 9. AGE last birthday 76 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Moody

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: John Wesley Holland Son Chester Pa

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 1½ hr.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) coronary artery d. —

DUE TO (C) Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Chronic cardiac failure

19A. DATE OF OPERATION: — | 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-26-, 1955, to 7-26, 1955, that I last saw the deceased alive on 7-26, 1955, and that death occurred at 9:15 PM, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS M. D. 4 Michaels md DATE SIGNED 7-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7-30-55 | NAME OF CEMETERY OR CREMATORY Boyman | LOCATION (City, town, or county) Boyman Md (State)

DATE REC'D BY LOCAL REGISTRAR 7-27-55 | REGISTRAR'S SIGNATURE M. D. Merrill | 24. FUNERAL DIRECTOR James B Barnhill | ADDRESS Easton md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

7193

17100

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; STATE Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) 24 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 414 August Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS (If rural, give location) 414 August Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Schuyler (Last) Tarboe

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: August 18, 1876

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Schuyler

14. MOTHER'S MAIDEN NAME: Sallie Schuyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — None

16. SOCIAL SECURITY NO.: 212-07-6932

17. INFORMANT AND ADDRESS: Mrs. Wm. G. Rittenhouse, Easton, Md. 414 August St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Breast c — Interval Between Onset and Death: 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) metastasis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1955, to July 31, 1955, that I last saw the deceased alive on July 30, 1955, and that death occurred at 6:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William L. Rittenhouse M.D. ADDRESS: Easton Md. DATE SIGNED: 8-1-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Aug. 2 1955 | NAME OF CEMETERY OR CREMATORY: Spring Hill Cemetery | LOCATION (City, town, or county) (State): Easton Maryland

DATE REC'D BY LOCAL REG. 8/2/55 | REGISTRAR'S SIGNATURE: M. H. Merrill

24. FUNERAL DIRECTOR ADDRESS: W. Frampton Carroll, Easton Md.

7-95

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

107101

Reg. Dist. No. 290

Items 13,14 Fil. Cl 8-12-55 et

1. PLACE OF DEATH: COUNTY Talbot | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton | MARYLAND | LENGTH OF STAY (In this place) 20 days. | HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Dorchester | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock | STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) (Last) Johnson

4. DATE OF DEATH: (Month) July (Day) 15 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: Black | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Mar. 24, 1910 | 9. AGE last birthday: 45 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: George Fisher

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Hospital Records - Easton Md

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Auto. accident - later developed	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Phlebitis of left leg + Pulmonary	
	(c) embolism.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): June 25 1955 m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Auto. accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): W. Henry Fisher M.D. Deputy med Exam for T & C Co Md | ADDRESS: Cantreville Md | DATE SIGNED: 8/2-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7-18-55 | NAME OF CEMETERY OR CREMATORY: Federalsburg | LOCATION (City, town or county) (State): Federalsburg Md

DATE REC'D BY LOCAL REG.: 8-16-55 | REGISTRAR'S SIGNATURE: M.H. Reeves | 24. FUNERAL DIRECTOR: J.J. Tribbington Son | ADDRESS: Federalsburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07102

CERTIFICATE OF DEATH

71 8

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Town Tunis Mills; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS OR Easton RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Route 1, X 1; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Edward (Last) Lewis

4. DATE OF DEATH: (Month) 7 (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: May 29, 1939

9. AGE last birthday: 16 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10B. KIND OF BUSINESS OR INDUSTRY: Student

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Westly Bailey

14. MOTHER'S MAIDEN NAME: Louise Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Louise Lewis, Easton, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1.1.8

IMMEDIATE CAUSE (A) Accidental drowning

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) Town Easton (County) Talbot (State) Md

21D. TIME OF INJURY (Month) 7 (Day) 18 (Year) 53 (Hour) 6 P.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? Fell from Bridge

22. I hereby certify that I attended the deceased from ~~Dec.~~ ..., 19~~53~~, to ..., 19 ..., that I last saw the deceased alive on ..., 19 ..., and that death occurred at 6 P M, from the causes and on the date stated above.

SIGNATURE Louis Mackey 1113 DINE M.D. ADDRESS Easton Md DATE SIGNED 7-19-53

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 7/21/53; NAME OF CEMETERY OR CREMATORY Cooperville Cem; LOCATION (City, town, or county) Easton Rt. 1, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7/20/53; REGISTRAR'S SIGNATURE N. H. Norris

24. FUNERAL DIRECTOR James H. Caldwell ADDRESS Easton, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07103

Item 9, Film 84 8-1-55 et

71 C

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxford
LENGTH OF STAY (in this place) 22 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS tilghman st.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellure
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry (Last) Murray

4. DATE OF DEATH. (Month) 7 (Day) 23 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 11/5/1894 | 9. AGE last birthday: 60 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10B. KIND OF BUSINESS OR INDUSTRY: Seafood | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lloyd Murry | 14. MOTHER'S MAIDEN NAME: Susan Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 218-09-7478 | 17. INFORMANT & ADDRESS: Mrs Henrietta Murray Oxford, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163X IMMEDIATE CAUSE (A) Carcinoma right lung

ANTECEDENT CAUSE (B) DUE TO: With Metastisis to left rib and

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO: spine — 1 year.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1955, to 7/23, 1955, that I last saw the deceased alive on 7/23, 1955, and that death occurred at 5A M, from the causes and on the date stated above.

SIGNATURE Frank E Mason M.D. ADDRESS 18 W. Dover St Easton Md DATE SIGNED 7/26/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7/27/55 | NAME OF CEMETERY OR CREMATORY Pauline Cem. | LOCATION (City, town, or county) (State) Trappe, Maryland

DATE REC'D BY LOCAL REGISTRAR 7/26/55 | REGISTRAR'S SIGNATURE N. A. Neure | 24. FUNERAL DIRECTOR James E Dodwell ADDRESS Easton, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

07104

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7110

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman; LENGTH OF STAY (in this place) 10 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	James	M	Pentz	7/	6/	55 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	1/22/1882	73 yrs.				

10a. OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waterman	Oyster	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Marion Pentz	-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	219-07-5788	Mrs. Delmas Haddaway, Tilghman, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 2 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Glomerulonephritis — 5 yrs

(c) Arteriosclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1955, 19 5 to ....., 19 55, that I last saw the deceased alive on July, 19 55 and that death occurred at 10:45 A.M., from the causes and on the date stated above.

SIGNATURE William Reese (Degree or title) M.D. ADDRESS Tilghman, Md. DATE SIGNED July 6, 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/8/55	Tilghman	Tilghman, Talbot, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 8, 55	Mrs. Ruth R. Seth	J. Leeds Moore, Tilghman, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11263

L. E. Cooper Bd
Naval Div.

07105

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7196

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot. MARYLAND
40 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 7hrs 12 min.
80 HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cordova
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) E (Last) Rice

4. DATE OF DEATH: (Month) 7 (Day) 31 (Year) 1955

5. SEX. Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Sept 1883
9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Mr Samuel Rice
14. MOTHER'S MAIDEN NAME: Sallie Spencer.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr Harvey Rice (brother) Queen Anne Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
587.2
IMMEDIATE CAUSE (A) [illegible]
ANTECEDENT CAUSE (S) DUE TO (B) [illegible]
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) [illegible]
(260X)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes [illegible]

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/30, 1955, to 7/31, 1955, that I last saw the deceased alive on 7/30, 1955, and that death occurred at 6.02 AM, from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS Easton DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Aug. 3, 1955
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) (State) Easton, Md.

DATE REC'D BY LOCAL REGISTRAR 8-2-55
REGISTRAR'S SIGNATURE N. H. Newnam
24. FUNERAL DIRECTOR J. Virgil Moore Son
ADDRESS Easton Md.

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07106

7097

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOS.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural give location) 615 High Street

3. NAME OF DECEASED: (Type or Print) (First) BARBARA (Middle) V (Last) Robbins

4. DATE OF DEATH: (Month) 7 (Day) 23 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 21-1938

9. AGE last birthday: 16 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School girl

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elliott Robbins

14. MOTHER'S MAIDEN NAME: Helen Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Elliott Robbins - father 39 Dale St. Boston Mass

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

296X IMMEDIATE CAUSE (A) Schizophrenic Reaction, Catatonic type — INTERVAL BETWEEN ONSET AND DEATH: 4 mos.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Chronic pneumonia

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19 , to , 19 , that I last saw the deceased alive on 19 , and that death occurred at 9:10 P.M. from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Easton DATE SIGNED 7-24-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7-26-55 | NAME OF CEMETERY OR CREMATORY Denton | LOCATION (City, town, or county) (State) Denton Md

DATE REC'D BY LOCAL REGISTRAR 7-24-55 | REGISTRAR'S SIGNATURE N. H. Nevitt | 24. FUNERAL DIRECTOR James B. Parkett ADDRESS Easton, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7198

CERTIFICATE OF DEATH

017107

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 EASTON; LENGTH OF STAY (In this place) 5 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY TALBOT; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON 40; STREET ADDRESS (If rural give location) 308 South Lane

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Roberts

4. DATE OF DEATH: (Month) 7 (Day) 4 (Year) 1955

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 1 1869

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Peter D Roberts

14. MOTHER'S MAIDEN NAME: Elizabeth Willey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Margery Miles - Easton Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X IMMEDIATE CAUSE (A) Cerebral Infarction

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Cerebral Arteriosclerosis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/29, 1955, to 7/4, 1955, that I last saw the deceased alive on 7/4, 1955 and that death occurred at 3:40 A M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Easton, DATE SIGNED 5 July 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 7-6-55; NAME OF CEMETERY OR CREMATORY Trytown; LOCATION (City, town, or county) Easton Md RD (State)

DATE REC'D BY LOCAL REGISTRAR 7-5-55; REGISTRAR'S SIGNATURE N.A. Nevins

24. FUNERAL DIRECTOR John A Hillman; ADDRESS Easton

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07108

7099

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

20752011311

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON
LENGTH OF STAY (in this place) 34 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hoo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EASTON
STREET ADDRESS (If rural give location) N. Aurora St. Ext.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Steffen (Last) Smith

4. DATE OF DEATH: (Month) 7 (Day) 5 (Year) 1955

5. SEX M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 7-4-55

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 30 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Norman J. Smith

14. MOTHER'S MAIDEN NAME: Jacqueline Conoby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: N. S. Smith = Easton

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 IMMEDIATE CAUSE (A) Pulmonary Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 34 hrs

ANTECEDENT CAUSE (B) DUE TO Prematurity — 34 hrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/4 1955, to 7/5, 1955, that I last saw the deceased alive on 7/5, 1955, and that death occurred at 8:30 P.M, from the causes and on the date stated above.

SIGNATURE John E. Baycott M.D. M. D. ADDRESS Easton Md DATE SIGNED 7/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF 7-7-55 — NAME OF CEMETERY OR CREMATORY: Spring Hill — LOCATION (City, town, or county) (State): Easton Md

DATE REC'D BY LOCAL REGISTRAR 7-6-55 — REGISTRAR'S SIGNATURE M. H. Merrick

24. FUNERAL DIRECTOR W. Hampton Gould ADDRESS EASTON MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07109

7111

CERTIFICATE OF DEATH

Reg. Dist. No. 29

1. PLACE OF DEATH. COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X St. Michaels
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Michaels X
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) B. (Last) STOKER

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1955

5. SEX: MALE | 6. COLOR OR RACE: White | 7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify) Married | 8. DATE OF BIRTH: APRIL 10 1870 | 9. AGE last birthday 85 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman | 10B. KIND OF BUSINESS OR INDUSTRY: Seafood | 11. BIRTHPLACE (State or foreign country): ST. MICHAELS Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: WILLIAM STOKER | 14. MOTHER'S MAIDEN NAME: ELIZABETH PORTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) | 16 SOCIAL SECURITY NO. ...5112 | 17. INFORMANT & ADDRESS: JOHN R. STOKER. WITTMAN MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 6 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Hypertension A.C.V. —

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-19, 1954 to 7-3, 1955 that I last saw the deceased alive on 7-3, 1955, and that death occurred at 3:14 PM, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS St Michaels md DATE SIGNED 7-4-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF July 6, 1955 | NAME OF CEMETERY OR CREMATORY Olivet Cemetery | LOCATION (City, town, or county) (State) St. Michaels MD

DATE REC'D BY LOCAL REGISTRAR July 6, 1955 | REGISTRAR'S SIGNATURE Mrs Robert G. Seth | 24. FUNERAL DIRECTOR W. Hampton Harrison | ADDRESS St. Michaels, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

07110

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

71 10

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 20 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) S. (Last) Taylor

4. DATE OF DEATH: (Month) (Day) (Year) 7 - 10 - 1955

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 17-1901

9. AGE last birthday: 53 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George S. Shepley

14. MOTHER'S MAIDEN NAME: Ida Heathway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Thomas Taylor

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

330X
IMMEDIATE CAUSE (A) [illegible] DUE TO

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/30, 1955, to 7/10, 1955, that I last saw the deceased alive on 7/10, 1955, and that death occurred at [illegible] M, from the causes and on the date stated above.

SIGNATURE Gordon Walker M. D. ADDRESS Easton DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 7-12-55 | NAME OF CEMETERY OR CREMATORY Greenbrierville | LOCATION (City, town, or county) Greenbrierville (State) Va

DATE REC'D BY LOCAL REGISTRAR 7-11-55 | REGISTRAR'S SIGNATURE N. H. Meares | 24. FUNERAL DIRECTOR [illegible] ADDRESS Easton Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07111

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 58 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Q. Anne's Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural give location) Rt 32

3. NAME OF DECEASED: (Type or Print) (First) Stanton (Middle) (Last) Wisner

4. DATE OF DEATH: (Month) (Day) (Year) 7-5-1955

5. SEX: M

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: Aug 30 1904

9. AGE last birthday 50 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Wisner

14. MOTHER'S MAIDEN NAME: Ella J. Gruver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Grace Downes Sister

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

223 X

IMMEDIATE CAUSE (A) Multiple Neurofibromatosis

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/8 19 55, to 7/5, 19 55, that I last saw the deceased alive on 19 55, and that death occurred at 3:15 P M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Easton DATE SIGNED 7 Jul 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 7-5-55 | NAME OF CEMETERY OR CREMATORY Balto. Md | LOCATION (City, town, or county) (State) Balto. Md

DATE REC'D BY LOCAL REGISTRAR 7/5/55 | REGISTRAR'S SIGNATURE N. H. Neires

24. FUNERAL DIRECTOR T. J. Tuck per B. L. Hite ADDRESS Baltimore, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7102

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: Memorial Hospital
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 EASTON
LENGTH OF STAY (in this place) 2 hrs 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 EASTON Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Irene (Middle) (Last) Wood

4. DATE OF DEATH: (Month) (Day) (Year) 7 - 23 1953

5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: aug. 28, 1876
9. AGE last birthday 78 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Bull
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Richard Ebe / St. Michaels, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 da

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic Heart Disease — 1 year

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July — 1953 to July 23 1953, that I last saw the deceased alive on 7-23, 1953, and that death occurred at 2:40 PM, from the causes and on the date stated above.
SIGNATURE William R. Hunter M. D.
ADDRESS Easton Maryland
DATE SIGNED 7-24-53

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 7/26/53
NAME OF CEMETERY OR CREMATORY: Rock Spring
LOCATION (City, town, or county) (State): Forrest Hill Md

DATE REC'D BY LOCAL REGISTRAR 7-24-53
REGISTRAR'S SIGNATURE N. H. Meeres
24. FUNERAL DIRECTOR: John A. Mullikin
ADDRESS Easton Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7108

CERTIFICATE OF DEATH

Reg. Dist. No. 07114 295

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 Easton; LENGTH OF STAY (in this place) 20 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. COUNTY Kent; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Harrington 46 x 3; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) (Middle) (Last) Wooleyhand

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: July 10, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months — Days 20; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Noble Wooleyhand

14. MOTHER'S MAIDEN NAME: Betty Weller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Father - Harrington, Del.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

752 IMMEDIATE CAUSE (A) Hydrocephalus

ANTECEDENT CAUSE (B) DUE TO Multiple congenital

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Anomalies.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from ..... , 19 ... , to ..... , 19 ... , that I last saw the deceased alive on ..... , 19 ... , and that death occurred at ... M, from the causes and on the date stated above.

SIGNATURE Edward C. H. Schmid M. D. ADDRESS Easton DATE SIGNED 31 July 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 8-1-55; NAME OF CEMETERY OR CREMATORY Felton Del.; LOCATION (City, town, or county) (State) Felton Del.

DATE REC'D BY LOCAL REGISTRAR 7-31-55; REGISTRAR'S SIGNATURE N. A. Nurse

24. FUNERAL DIRECTOR Wm A. Berry Jr; ADDRESS Milford Del.

VS. A15—10-53 10752294